



Research article



Predictor Factors Affecting the Use of Implants Contraceptives by Reproductive Age Couples

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Abstract

The World Health Organization (WHO) reports an increase in contraceptive use in various parts of the world. However, the use of contraceptive implants is still the lowest, at only 7.3%. In Indonesia, the use of Long-Term Contraceptive Methods (MKJP), including implants, is still lower than the use of non-MKJP. Preliminary study at UPTD. The Klungkung I Community Health Center shows that there are still many couples of childbearing age (PUS) who have not used contraception, namely 47.62%. This study aims to determine the factors associated with PUS participation in the use of implantable contraceptives in the UPTD in the working area of Klungkung I Community Health Center. The type of research is analytical observational with a cross-sectional approach. The sample size was 54 respondents. The results of the study using the Fisher-exact test showed the characteristics of parity $p < 0.05$, husband's support $p < 0.05$, and knowledge $p < 0.05$. The conclusion of this research is that there is a relationship between parity, husband's support, and knowledge with the participation of couples of childbearing age in the use of contraceptive implants in the UPTD work area. Klungkung I Community Health Center.

INTRODUCTION

The government's Family Planning (KB) program sets limits on the number of children born, the interval between births, and the optimal age at which mothers can conceive and give birth in an effort to slow down the rate of population growth. While the family planning program does not forbid it, it does restrict pregnancy to times when the mother is socially, psychologically, and physically prepared. In the event that a woman wishes to postpone or limit getting pregnant, the Family Planning program advises using contraception in accordance

with her medical needs [1, 2]. The Family Planning program places a great deal of emphasis on the function that contraception plays as a tool and medication for couples of childbearing age (PUS) to prevent conception [3].

According to World Health Education (WHO), the use of contraceptives has increased globally to 57.4% in 2014; in 2018, the distribution of contraceptive use was as follows: injectables at 35.3%, tablets at 30.5%, IUDs at 15.2%, implants at 7.3%, and other forms at 11.7% [4]. The world's lowest proportion of people are known to

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utilize contraceptive implants. According to data from Basic Health Research (Riskesdas) in 2020, 55.36% of Indonesians use contraception. Long-term methods (MKJP) such as implants, IUDs, sterilization through male surgical methods (MOP) and female surgical methods (MOW) are still less common than non-MKJP methods (one- or three-month injections, pills, and condoms) [5]. In the meantime, 11,528 (2.05%) of the 56,337 PUS were active family planning participants in 2020, according to data from the Bali Province National Population and Family Planning Agency (BKKBN) [6].

Although MKJP is currently being promoted as a contraceptive program that has been shown to be effective in preventing pregnancy, the total number of MKJP users in 2015 was 10.6%, compared to the national target of 27.5%. This is despite the fact that implants are one of the more effective methods of MKJP [7]. A long-term method of contraception, implants are constructed of a type of silastic rubber and contain progesterone and levonorgestrel. The implant is put into the upper arm, has a five-year lifespan, and is reversible (replaceable). The effectiveness of implanted contraceptive is one of its benefits. The implant is classified as a contraceptive with extremely few user failures and a failure rate of 1 in 100 women annually for the first five years. The user does not need to remember anything after insertion [8].

Numerous factors affect the use of implants used for contraception. The use of implants or subcutaneous contraceptives (AKBK) is influenced by a number of factors, such as maternal parity and education [9], income and knowledge [10], knowledge and employment, and support from the spouse when it comes to using AKBK [11-13].

Couples of childbearing age in the UPTD working area Klungkung I Community Health Center in 2023, there will be 4,763. PUS who did not use contraception (unmet

need) were 2,268 (47.62%) couples of childbearing age, while those who used contraception were 2495 (52.38%) couples of childbearing age. Contraception used was IUD (18.54%), MOW (3.61%), MOP (0.8%), implant (2.39%), injection (20.62%), pill (4.53%), and condoms (2.48%).

Results of preliminary studies conducted at UPTD. Klungkung I Community Health Center show that there are still many PUS who are reluctant to use implant contraception. This is due to a lack of understanding about implant contraception and also a lack of husband support. PUS explained that there are many reasons for choosing implant contraception, including that mothers are afraid of injection needles, afraid of expulsion of birth control, and afraid of disrupting activities because the birth control is in the arm, and many couples of childbearing age still don't know about the long-term benefits of implant contraception.

Considering the importance of using contraception for the success of the government's family planning program, as well as the various advantage of using implants, however phenomena in the field and various research results show a lack of public interest in using implants as a contraceptive option, this is the basis for researchers to conduct research on the factors that influence partner participation. fertile age (PUS) in the use of implant contraception in the UPTD Working Area. Klungkung I Health Center in 2024.

METHODS

The type of research used in this research is quantitative research with a cross sectional study design with the aim of finding out the factors related to the participation of couples of childbearing age (PUS) in using implant contraception in the UPTD Working Area. Klungkung I Community Health Center in 2024.

The population of this study were couples of childbearing age who resided in the UPTD Working Area. In 2022, the number of Klungkung I Community Health Centers will be 4,763 people, with the research sample determined using inclusion and exclusion criteria. Determining the number of samples in a large population as in this study uses the correlation formula from Notoatmodjo [14] obtained a sample of 54 people. The sampling technique used is Probability Sampling, namely Simple Random Sampling.

The types of data collected in this research are primary data and secondary data. Primary data was obtained directly through filling out questionnaires by research respondents, namely to couples of childbearing age, which included data regarding the husband's knowledge and support regarding the mother's lack of interest in using implant contraception. Meanwhile, secondary data is data taken from the register of visits of couples of childbearing age in the UPTD Work Area. Klungkung I Health Center. 2024 which includes parity. The questionnaire used in this research was taken from previous research conducted by Alfiah [15], with validity and reliability test results with a Cronbach's Alpha value of 0.908.

The data collection stage begins with conveying the research objectives, explaining the procedures and providing informed consent stating that respondents are willing to do the research. The researcher then handed over the questionnaire and directed how to fill out the questionnaire to the respondent. After the data is collected, data processing is carried out through the editing and coding stage for all research variables, followed by data entry, processing and cleaning. Data obtained from data collection is processed using computer assistance through the stage of editing, coding and tabulating. Further data analysis was carried out using univariate and bivariate analysis.

Univariate analysis is used to obtain an overview of the frequency distribution or proportion size of each variable [16]. The variables that will be carried out in univariate analysis are knowledge, age, parity, education, husband's support and participation of couples of childbearing age in choosing contraception.

Bivariate analysis was used to determine the factors associated with the participation of couples of childbearing age in using contraceptive implants. Analysis of the results of the statistical test used was the Chi-square test. In this study, after analysis using Chi-square, it turned out that the conditions for using Chi Square in the table were not met, because there was 1 cell that had an expected count < 5 and $> 20\%$, so the alternative test that could be used was the Fisher Exact test.

RESULTS

Table 1 shows that of the 54 respondents, most of the parity were multiparous, namely 48 respondents (88.9%). Meanwhile, the characteristics of husband's support showed that the majority of respondents were not supportive, namely 31 respondents (57.4%) and the majority of couples of childbearing age had good knowledge (61.1%). 35 respondents out of 54 respondents did not use implant contraception (64.8%).

Table 2. shows that 5 respondents (83.3%) of the 6 primiparous parity couples of childbearing age used implant contraception and 1 respondent (16.7%) did not use implant contraception, while of the 48 multiparous parity childbearing couples who used contraception 14 respondents (29.2%) had implants and 34 respondents (70.8%) did not use implant contraception.

The results of bivariate analysis using the Fisher-Exact test obtained a p value = 0.017. Since the p value is $< \alpha$ (0.05), then H_0 was rejected. This means that there is a parity

relationship with the participation of couples of childbearing age in using implant contraception in the UPTD. Klungkung I Community Health Center. Based on risk estimate analysis, an odds ratio value of 12.143 was obtained. This value means that parity has a chance of 12,143 to participate in the use of implant contraception.

13 respondents (56.5%) received husband support for using implant contraception, while 25 respondents (80.6%) did not receive husband support for not using implant contraception.

The results of bivariate analysis using the Fisher-Exact test obtained a p value = 0.009. Since the p value is $< \alpha$ (0.05), so H₀ was rejected. This means that there is a relationship between husband's support and the participation of couples of childbearing age in using implant contraception in the UPTD work area. Klungkung I Community Health Center. Based on risk estimate analysis, an odds ratio value of 5,417 was obtained. This value means that husband's support has a 5,417 chance of increasing participation in using implant contraception.

66.7% of fertile age couples who have good knowledge use implant contraception, while the majority of fertile age couples who have poor knowledge (84.8%) do not use implant contraception.

The results of bivariate analysis using the Fisher-Exact test obtained a p value = 0.000. Since the p value is $< \alpha$ (0.05), H₀ is rejected. This means that there is a relationship between knowledge and the participation of couples of childbearing age in using implant contraception in the UPTD work area. Klungkung I Community Health Center. This value means that knowledge has an 11,2 chance of increasing participation in the use of implant contraception.

Table 1.
Characteristics of Couples of Childbearing Age Based on Parity, Husband's Support, Knowledge, Implant Birth Control Implants

Indicators	f	%
Parity		
Primipara	6	11,1
Multipara	48	88,9
Husband's support		
Support	23	42,6
Does not support	31	57,4
Knowledge		
Good	21	38,9
Not good	33	61,1
Implant contraceptive participation		
Use Implant contraception	19	35,2
Not use Implant contraception	35	64,8
Total	54	100

Table 2
The Relationship Between Parity, Husband's Support and Knowledge with The Participation of Couples of Childbearing Age in Using Implant Contraception

Indicators	Implant		Total		p	OR	95 % CI
	Use	Not use	f	%			
	f	%	f	%	f	%	
Parity							
Multipara	14	29,2	34	70,8	48	100	0,017 12,143 1,299 -113.541
Primipara	5	83,3	1	16,7	6	100	
Husband's Support							
Support	13	56,6	10	43,5	23	100	0,009 5,417 1,609-18.236
Not support	6	19,4	25	80,6	31	100	
Knowledge							
Good	14	66,7	7	33,3	21	100	0,000 11,2 3,008 -41,708
Not good	5	15,2	14	84,8	33	100	
Total	19	35,2	35	64,8	54	100	

DISCUSSIONS

According to this study, there is a connection between parity and the use of implant contraceptive by childbearing couples at the UPTD Klungkung I Community Health Center. The findings of Ibrahim et al.'s (2019) study, which indicate a strong correlation between implant use and parity [17], corroborate this. In the meantime, Parities greater than 4 showed no interest in implant use, according to research by Pitriani (2015) [18].

According to the survey on the support of mothers' husbands, 23 respondents (42.6%) agreed with mothers' use of implant contraceptives, while 31 respondents (57.4%) disagreed. Parity and husband support are two of the many reasons birthing couples do not consider implant contraception. As a result, it is essential to offer free family planning services as well as counseling that highlights the advantages of utilizing contraceptive implants [1]. According to Andini's (2017) research, a wife's choice of contraceptive techniques will be influenced by her husband's lack of assistance [19].

There are two types of factors that influence a husband's willingness to support the use of implant contraception: internal and external considerations. Internal influences include developmental stages and age, which are linked to varying perceptions and reactions. The emotional part comes next, when you allow the wife to use the contraceptive implant. A person's values and beliefs when it comes to choosing contraception are part of their spiritual side, which is evident in the way they live. Aspects of family practice, namely the way the family supports the decision to use contraception, are examples of external variables. Socioeconomic factors: women typically go to their husbands or families for support and acceptance when selecting contraception; the wealthier a person is, the quicker they will meet their demands. A person's cultural background can have a

significant impact on their views, values, and support-giving practices, which might include how health is implemented [20].

One factor that influences how someone forms their actions is knowledge. Andria (2020) came to the conclusion that an acceptor's interest in utilizing contraceptive implants increased with their level of knowledge [21]. Pitriani (2015) demonstrates that there is a correlation between implant use and knowledge (p value = 0.036). Mothers who are less knowledgeable than their peers are seven times more likely to not use implant contraception [18].

64.8% of married couples in this study who were of reproductive age did not use implants. According to research by Pulungan (2022), there is a correlation between the use of contraceptive implants and a husband's decision to support or not support his wife in selecting the form of contraception [22]. This suggests that couples of childbearing age have a say in the contraception they choose. According to the research findings, 83.3% of primiparous pregnant women utilized implant contraceptive, compared to 70.8% of multiparous couples who did not use implant contraception. This is consistent with studies conducted by Pitriani (2015), which discovered that people with parities more than four were not interested in utilizing implants, and Ibrahim et al. (2019), which identified a substantial correlation between parity and implant use [17] [18].

According to the study's findings, 56.6% of childbearing couples approved of implant contraception, but 80.6% of such couples disapproved and did not utilize implant contraception. The findings of this study also support research by Susanto et al. (2016), which found that husbands can support their wives in selecting a contraceptive implant by making an effort to gather information, accompany their spouse to health services, and cover the cost of having the device installed. The husband

will not be happy with the contraceptive implant option if he does not support the decision. However, more decisions will be made in line with the husband and wife's preferences the better support the husband provides [23].

The findings indicate that whereas 84.8% of reproductive age couples with inadequate information do not use implant contraception, the majority of same couples—66.7% of those with high understanding—use it. An individual's awareness of acting in accordance with their knowledge of an item will increase with their level of object knowledge [14].

CONCLUSSION

It was found that there was a relationship between parity, husband's support, and knowledge with the participation of couples of childbearing age (PUS) in using implant contraception in the UPTD Work Area. Klungkung I Community Health Center. Implementation of the Family Planning program with the use of contraception is very important because this program can save women's lives and improve the health status of mothers, especially in preventing unwanted pregnancies, spacing births apart, and reducing the risk of infant death. Implants as a long-term contraceptive method are worth considering, knowing the various advantages and disadvantages of implants compared to other contraceptive methods.

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